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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/445,721 02/07/2003
 and claims benefit of 60/437,417 12/31/2002

** FOREIGN APPLICATIONS *****

None *CR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>4/14/03</i>	STATE OR COUNTRY CO	SHEETS DRAWING 25	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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TITLE

Whitening tip for dental flossing device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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